

Tri-Service Remote Dental Program (RDP)

Updated: 28 August 2001

This information is designed to assist the service member and the service member's health benefits advisor understand the goals and requirements of the Tri-Service Remote Dental Program (RDP) administered by the Military Medical Support Office (MMSO).

****Who is eligible****

The Tri-Service Remote Dental Program covers active duty personnel permanently assigned to remote locations only (live and work more than 50 miles one-way from the nearest military dental clinic). It does not cover family members, who should enroll in the TRICARE Family Member Dental Program.

Your military ID and your SSN will serve as your enrollment number. Drilling members of the Reserve components, Army National Guard, and students enrolled in the Reserve Officer Training Program (ROTC) are not eligible for routine care under this program. You may select any licensed dentist, there is no network.

****What is covered****

This program is intended to provide the active duty service member (ADSM) the same level of dental service as you could expect to receive if you were stationed at a military base with an active duty dental treatment facility.

Emergency care: Emergency care does not require preauthorization. This includes any treatment necessary to relieve pain, infection or other immediate treatment needs, and can include single tooth extractions, temporary or permanent fillings, and root canal treatment. Crown and bridge is not considered emergency care.

Routine care: ADSMs in the RDP are authorized to obtain routine dental treatment from any licensed dentist without first obtaining prior authorization, providing the treatment meets all of the following requirements:

1. Routine care includes diagnostic (exams and x-rays), preventive (cleanings), routine restorations (amalgam or composite fillings), and single tooth extractions.
2. Only procedures that are less than \$500 per treatment appointment are considered routine. For example, extractions are covered primarily for the removal of diseased and nonrestorable teeth. However, the surgical removal of four wisdom teeth would normally exceed the allowed amount, and therefore requires prior authorization.
3. Treatment plans that exceed a total of \$1500 per calendar year require preauthorization, even if all the treatments individually are less than \$500.

Specialty care: Extensive or specialty care (prosthodontics, periodontics, multiple extractions or other oral surgery) any other specialty treatment is not considered emergency or routine care, and requires preauthorization. Initiating specialty care without preauthorization may result in the service member being responsible for paying for the treatment.

****What is not covered****

Civilian orthodontic care (braces) is not a covered service and will not be authorized. Cosmetic treatment, which includes bleaching, bonding, porcelain veneers, and porcelain inlays/onlays, are not covered services and will not be authorized. Exceptions may be made in certain cases, but specific justification must be made in the request for preauthorization.

Supplies for home use (toothbrushes, mouth rinses, etc.), even if recommended, are not authorized for payment. These supplies are the responsibility of the service member.

Elective procedures: elective replacement of missing teeth, replacement of serviceable crowns, bridges and other prosthesis, and [implants](#) are not covered.

Fluoride treatment for adult patients (unless part of a specific decay control program). Separate charges for local anesthesia, infection control, bases, liners, indirect pulp cap, etc., are considered part of the parent procedure and will not be paid as a separate charge.

****What requires preauthorization****

Surgical extractions of third molars (wisdom teeth) requires preauthorization.

ALL crowns, bridges, complete and partial dentures, and other prosthodontic procedures. This includes all gold and porcelain/metal restorations.

Special surgery care, which includes non-emergency periodontal and endodontic surgery.

****Preauthorization procedures****

Preauthorizations are not given by telephone. It is the responsibility of the service member to request preauthorization for specialty care through his or her military unit health benefits advisor. Please do not FAX requests. FAX'd documents (especially x-rays) are often unreadable and only delay your request. Each request must be submitted with:

1. An itemized treatment plan with appropriate diagnostic-quality x-rays (full mouth series x-rays are appreciated). These should be supplied by the dentist.
2. A copy of a current military dental examination (less than one year old) from your military Dental Health Record. If one is not available we may request that you have a

second opinion from a military dentist on the treatment plan your civilian dentist has prepared, especially if the treatment plan recommends extensive dental treatment.

3. A [Command Request Memorandum](#) from your unit. (There is an example on the MMSO Website.)

Submit the treatment plan, x-rays, command request, and other information to:

MMSO, PO Box 886999, Attn: Dental Prior Authorizations, Great Lakes, IL 60088-6999

Our determination is based exclusively on the documentation provided, so clarity, completeness and quality of the information is essential to expedite the handling of your treatment request. Replies will be sent to the service member's Command and the service member only. No information will be given to the dentist's office concerning preauthorizations. It is the responsibility of the service member to forward this information to the dentist. Dentists should not be told to call our office for status or information concerning requests. Information will only be released to the service member and/or the military unit's Health Benefits Representative. For information, you may call MMSO (888 647-6676) and follow the prompts: Dental Care Assistance; and then: Dental Pre Authorizations.

Treatment that is authorized will have an authorization number. Normally, this process takes approximately 10 days. Additional time may be required if additional information must be requested, if the treatment plan is extensive, or coordination with a military dental clinic is necessary.

****Submitting claims for payment****

Two forms are required for payment of your bill: The dentist provides a standard Dental Claim Form identifying the tooth number, procedure, and date of service. Each claim submitted for payment must also include a signed [MMSO Dental Information Sheet](#) (available on the MMSO Website: <http://navymedicine.med.navy.mil/mmso/>) signed by the service member and their unit health benefits advisor. Both items are required to release payment to the dentist even if prior authorization has been obtained.

Send claims to:

MMSO, PO Box 886999, Great Lakes, IL 60088-6999

Allow 30 days for processing of payments. Questions concerning claims may be directed to Customer Service Assistance: 888 647-6676.

We hope this information will allow a good working relationship between you, your dentist, and MMSO. Have a Great Armed Services Day!